MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (12-a)

CERTIFICATE OF DEATH

Dr Price

10838 254

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Queen Anne's

City or town: Queenstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: all of life

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Queen Anne's

City or town: Queenstown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ella Booker

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife: Wm Booker

6(c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): June 18 1874

8. AGE: Years	Months	Days	If less than one day
66-	4-	7-	hrs. min.

9. Birthplace: Queenstown Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Domestic

FATHER 12. Name: Richard Beavens

13. Birthplace: Queen Anne Md.

MOTHER 14. Maiden name: Alberta Handy

15. Birthplace: Bolton, Md.

16. Informant: Ruth E. Beavens

Address: Hillsboro, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 28 1940 (month) (day) (year)

Cemetery or crematory: Glenfield

Location: Centreville Md.

18. Funeral director: John D. Williams

Address: Easton, Md.

19 Oct. 28 1940 (Date rec'd by registrar) Helen M. Aldridge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 25th 1940 at 9:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1940 to Oct 25 1940

and that I last saw h alive on Oct 25 1940

Immediate cause of death	DURATION
Arterial Haemorrhage	7 days
Due to arteriosclerosis	2 yrs
Due to Nephritis	3 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Samuel J Price M.D.

M. D. or other

Address Queenstown Date signed 10-26-40

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

10839

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Queen Anne
City or town: Grasonville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 9 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Grasonville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME: William Edward Booley

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife: Birdie Bland Booley
6(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Nov. 26-1859

8. AGE:

Years	Months	Days	If less than one day
80	10	16	hrs. min.

9. Birthplace: Baltimore Co. Md
(Town, county, and state)

10. Usual occupation: Retired Salesman

11. Industry or business: Mens Clothing

FATHER
12. Name: Milton Booley
13. Birthplace: Balto. Co. Md

MOTHER
14. Maiden name: Amanda Treadwell
15. Birthplace: Balto Co. Md

16. Informant: Edward I Seamen
Address: 455 Forrest Ave. Drexel Hill Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 15-1940 (month) (day) (year)
Cemetery or crematory: Stone Church
Location: Aberdeen, Md

18. Funeral director: Barton Bros
Address: Centreville, Md

19. Oct. 14-1940 (Date rec'd by registrar) Helen M. Aldridge Loc. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 12th 1940 at 6.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
(a) Fractured skull	
Crushed + destroyed	
Due to Rain.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 10-12-40
Where did injury occur? Grasonville (City or town) Qa (County) md. (State)
Injured at home, farm, industry, public place (where?) State highway
Means of injury Struck by auto truck Injured at work? no.

23. SIGNATURE: Samuel F. Lee M. D. or other
Address: Queenstown Date signed 10-12-40
deputy medical examiner.

RECEIVED
NOV 6 1940
U. S. C.A.U. V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

10840

Reg. Dist. No. 254

1. PLACE OF DEATH:
County: Queen Anne
City or town: Queenstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Baby Boy Carroll

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 31 - 1940

8. AGE: Years | Months | Days | If less than one day: 18 hrs. min.

9. Birthplace: Queenstown - Md.
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Edward Carroll
13. Birthplace: Q.A.Co. - Maryland

MOTHER
14. Maiden name: Isabel Wright
15. Birthplace: Baltimore - Md.

16. Informant: Edw. Carroll
Address: Queenstown - Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 1 - 1940 (month) (day) (year)
Cemetery or crematory: at home
Location: Queenstown - Md.

18. Funeral director: Edw. Carroll - father
Address: Queenstown - Md.

19. Oct. 31 - 1940 (Date rec'd by registrar) Helen M. Aldridge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 31 1940 at 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 31 1940, to Nov 1 1940
and that I last saw him alive on Oct 31 1940

Immediate cause of death	DURATION
Premature Infant	Below
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: A K Leighton M.D. M. D. or other
Address: Centreville Md Date signed: 11-1-'40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (S)

CERTIFICATE OF DEATH

10841

Reg. Dist. No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Queen Anne
City or town Queenstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) ~~14 yrs~~.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Baby Boy Carroll

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 31 - 1940

8. AGE:

Years	Months	Days	If less than one day
0	0	0	hrs. min.

9. Birthplace Queenstown - Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Edward Carroll
13. Birthplace D.C. - Maryland

MOTHER
14. Maiden name Isabel Wright
15. Birthplace D.C. - Maryland

18. Informant Edward Carroll
Address Queenstown - Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 31 - 1940 (month) (day) (year)
Cemetery or crematory at home
Location Queenstown - Md.

18. Funeral director Edw. Carroll father
Address Queenstown - Md.

19. Oct. 31 1940 (Date rec'd by registrar) Helen M. Aldridge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1940, at 4:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 31 1940 to Oct 31 1940, and that I last saw h alive on Oct 31 1940.

Immediate cause of death	DURATION
Intra Uterine	
Asphyxiation	1 hour
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. T. Clayton M.D.
M. D. or other
Address Centreville Md. Date signed 10-31-40

RECEIVED
NOV 6 1940
N. Y. U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (41)

CERTIFICATE OF DEATH

10842

Reg. Dist. No. 254

1. PLACE OF DEATH:
County Queen Anne
City or town Queenstown md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, Hospital, or Institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Anne
City or town Church Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James E. Coffage

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

B (b) Name of husband or wife none
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 22, 1880

8. AGE: Years	Months	Days	If less than one day
60	0	8	____ hrs. ____ min.

9. Birthplace Queens Co. Md (Town, county, and state)
10. Usual occupation manager of Saw
11. Industry or business Mill.

FATHER
12. Name James E. Coffage
13. Birthplace G. A. C. Md

MOTHER
14. Maiden name Florence Bacon
15. Birthplace Baltimore md.

16. Informant Mary R. Coffage
Address 2222 Cecil ave. Balt.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 1, 1940 (month) (day) (year)
Cemetery or crematory Church Hill
Location Church Hill Md.
18. Funeral director Wm. H. Hood
Address Church Hill Md.
19. Oct. 31 1940 - Helen M. Aldridge
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30 1940, at 12:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 25 1940, to Oct 30 1940, and that I last saw him alive on Oct 26 1940.

Immediate cause of death	DURATION
Dilatation of heart	
Due to Chronic Myocarditis and	
Mitral Regurgitation	
Due to Chronic Nephritis with	
Hyper tension	
Other conditions He also had Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Henry Fisher M. D. or other
Address Centreville Md Date signed 10/30 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

10843

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Church Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne's
City or town: Church Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William George Daniels

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	widowed

6 (b) Name of husband or wife
6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): Nov. 13 1869

8. AGE:

Years	Months	Days	If less than one day
70	11	2	hrs. min.

9. Birthplace: North Carolina (Town, county, and state)
10. Usual occupation: Cafe owner
11. Industry or business
FATHER 12. Name: John Henry Daniels
13. Birthplace: unknown
MOTHER 14. Maiden name: unknown
15. Birthplace: unknown
16. Informant: Vella Anthony
Address: Salem, Centreville Rd #2
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 18 1940 (month) (day) (year)
Cemetery or crematory: Church Hill Cem.
Location: Church Hill Md.
18. Funeral director: Wm. H. Good
Address: Church Hill Md.
19. Oct. 16 1940 (Date rec'd by registrar) W. H. Good Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 16 1940, at 7½ P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2 1940, to Oct 15 1940, and that I last saw h— alive on Oct 15 1940.

Immediate cause of death	DURATION
Uremia	2 day
Due to Hypertension Cerebral Vascular Renal Disease	Unk
Due to Myocardial Failure Cerebral Hemorrhage	3 mo 2 day
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Nem

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: C. R. Log[illegible] M. D. or other
Address: Centreville Md. Date signed 10-16-4[illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

CEIVED
NOV 4 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

CERTIFICATE OF DEATH

10844

Reg. Dist. No. 357

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Queen Ann

City or town: (Near) Sudlersville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 23 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Queen Ann

City or town: (Near) Sudlersville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Maydel R.D. #1

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Ernest N. Darling

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Ethel M. Darling

6(c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): Nov. 21 1889

8. AGE: Years	Months	Days	If less than one day
50	10	16	____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Farming

11. Industry or business: Farm

FATHER — 12. Name: Hynson Darling

FATHER — 13. Birthplace: Maryland

MOTHER — 14. Maiden name: Amanda Norris

MOTHER — 15. Birthplace: Maryland.

16. Informant: Mrs. Ethel M. Darling

Address: Maydel Md. R.R. #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 10, 1940 (month) (day) (year)

Cemetery or crematory: Sudlersville

Location: Sudlersville Md.

18. Funeral director: Marvin V. Williams

Address: Chestertown Maryland.

19. 10/8/40 (Date rec'd by registrar) C. H. Woodall Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 7 1940 at 10.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 2 1940 to Oct 7 1940, and that I last saw him alive on Oct 7 1940.

Immediate cause of death	DURATION
Angina Pectoris	
Due to Coronary Sclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: Injured at work?

23. SIGNATURE: C. H. Woodall M. D. or other

Address: Sudlersville Md. Date signed 10/8/40

RECEIVED
NOV 2 1940
BUREAU V. S.

10845

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County: Queen Anne Co

City or town: Rural nr Centreville Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Queen Anne Co

City or town: Rural nr. Centreville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Martha Weaton

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Philip H. Weaton

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Born in slavery Date unknown

8. AGE: Years 90 or more Months Days If less than one day ... hrs. ... min.

9. Birthplace: Queen Anne Co., Md
(Town, county, and state)

10. Usual occupation: Laundress until disabled by age

11. Industry or business

FATHER
12. Name: Pere Blake
13. Birthplace: Kent Co., Maryland

MOTHER
14. Maiden name: Fannie Limber
15. Birthplace: Kent Co. Maryland

16. Informant: Thos. Blake
Address: Centreville, Md. R.F.D.

17. Burial
(Burial, cremation, or removal, Which?)
Date thereof: Oct 10-1940 (month) (day) (year)

Cemetery or crematory: Burrisville

Location: nr. Centreville, Md

18. Funeral director: Annie W. Eddins
Address: Centreville, Md.

19. Oct 8 - 1940 (Date rec'd by registrar) Mamie S. Bright Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 6 - 1940, at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 5 - 1940, to Oct 6 - 1940 and that I last saw her alive on Oct 5 1940

Immediate cause of death: Cerebral Hemorrhage — DURATION: 2 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: W. Henry Fisher M. D. or other

Address: Centreville Md Date signed: 10/8-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

10846

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (I) (M)

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Centreville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: -
Stay in hospital or inst. (yrs., or mos., or days): -
Stay in this community (yrs., or mos., or days): all her life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn Infants give residence of mother)
State: Maryland County: Queen Anne's
City or town: Centreville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Downes

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife: William Downes
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov 3 - 1880

8. AGE:

Years	Months	Days	If less than one day
59	10	10	hrs. min.

9. Birthplace: Centreville Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: James Taylor
13. Birthplace: Centreville Md

MOTHER
14. Maiden name: Mary Clayton
15. Birthplace: Centreville, Md

16. Informant: Lena Woodland
Address: Centreville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 12, 40 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville, Md

18. Funeral director: Baxter Bros
Address: Centreville Md

19. Oct. 12 - 1940 (Date rec'd by registrar) Maggie S. Bright Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 9 - 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 23. 1940 to Oct 9 - 1940, and that I last saw h alive on Oct 7. 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 weeks
Due to High blood pressure	1½ yr
Due to Chronic Nephritis	2 yr
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. Henry Fisher M. D. or other
Address: Centreville Md Date signed 10/12/40

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (112)

CERTIFICATE OF DEATH

10847

Reg. Diat. No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Grasonville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County:
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.:
(If rural, give LOCATION) R
2.(a) If veteran, name war:

3. (a) FULL NAME Richard Harmon

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Single

6.(b) Name of husband or wife: None

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1880

8. AGE: Years	Months	Days	If less than one day
about 60			hrs. min.

9. Birthplace: Unknown (Town, county, and state)
10. Usual occupation: Oyster Blocker
11. Industry or business: Oystering

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden name: Unknown
15. Birthplace

16. Informant: James Callum
Address: Grasonville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 30-1940 (month) (day) (year)
Cemetery or crematory: Chesters
Location: Chester - Maryland

18. Funeral director: Frank Thomas
Address: Stevensville - Md.

19. Oct. 30 1940 (Date rec'd by registrar) Helen M. Aldridge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 29 1940 at 3a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death: Bronchial asthma	
Due to: No physician in attendance	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Samuel White M.D. M. D. or other
Address: Queenstown Date signed 10-31-40
Deputy Medical Examiner 1940

RECEIVED
NOV 6 1940
M. KLAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

10848

Reg. Dist. No. 254

1. PLACE OF DEATH:
County Queen Anne
City or town Grasonville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution Kent Island Narrows.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Ridgely Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Bessie Hollis

3. (b) Social Security Number

4. Sex female
5. Color or race cal
6. (a) Single, married, widowed, or divorced married
B (b) Name of husband or wife Enoch Hollis
6(c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 53 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation House Wife
11. Industry or business
FATHER 12. Name William Tiller
13. Birthplace Maryland
MOTHER 14. Maiden name Jane Tiller
15. Birthplace Maryland
16. Informant William Allen
Address 039 Poplar St. Wil Del
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 24 1940 (month) (day) (year)
Cemetery or crematory Mt. Olive
Location Wilmington - Del.
18. Funeral director Wm F. Jones
Address Claymont - Delaware
19. Oct. 21 1940 - Helen M. Aldridge (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 1940, at 1:30 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Coronary occlusion — DURATION 1 day
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Samuel J Price M.D. M. D. or other
Address Queenstown Date signed 10-21-40
Deputy Medical Examiner

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
NAVY V. R.

10849

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-02)

CERTIFICATE OF DEATH

Reg. Dist. No. 250

1. PLACE OF DEATH:

County: Queen Anne

City or town: (Rural) Morydel
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): None

Stay in this community (yrs., or mos., or days): 1 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Rural Morydel Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William J. Jeffers

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6. (b) Name of husband or wife: Ethel Jeffers

6(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): 1882 Feby 4

8. AGE: Years 58 | Months 8 | Days 4 | If less than one day ___ hrs. ___ min.

8. Birthplace: Queen Anne Co
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Agriculture

FATHER
12. Name: John T. Jeffers
13. Birthplace: Queen Anne Co

MOTHER
14. Maiden name: Mary Jane Chase
15. Birthplace: Queen Anne Co

16. Informant: Ethel Jeffers
Address: Morydel

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct 11, 1940
(month) (day) (year)

Cemetery or crematory: Pond Town

Location: Pondtown

18. Funeral director: Wm H. Good
Address: Church Hill Md.

19. Oct. 9 1940 - Elizabeth Nickerson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 8 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 8 1940, to Oct 8 1940, and that I last saw him alive on Oct 7 1940

Immediate cause of death: Pulmonary Tuberculosis

Due to: Pont Know

Due to:

Other conditions: Acute Eczema

(Include pregnancy within 3 months of death)

Major findings: ✓

Of operations: ✓

Of autopsy: No

DURATION: 6 Mos

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ✓ Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ✓

Means of injury: ✓ Injured at work? ✓

23. SIGNATURE: Norman S. Dudley
M. D. or other

Address: Church Hill Date signed: Oct 8 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 2 1940
BUREAU V. S.

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

10850

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH: County Queen Anne

City or town Grasonville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 47 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Grasonville Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samuel Eugene Melvin Jr

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Melvin

6(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) May 27 - 1855

8. AGE: Years 85 Months 4 Days 13 If less than one day ___ hrs. ___ min.

9. Birthplace Queenstown - 2 A - Md. (Town, county, and state)

10. Usual occupation Farming

11. Industry or business Tilling the soil

FATHER 12. Name Sam E. Melvin

13. Birthplace Do not Know

MOTHER 14. Maiden name Julia A. Robinson

15. Birthplace Kent Island

16. Informant John B. Melvin

Address Queenstown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 11 - '40 (month) (day) (year)

Cemetery or crematory Chesterfield

Location Centreville, Md.

18. Funeral director Barton Bros

Address Centreville, Md

19. Oct. 11 1940 - Helen M. Aldridge (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 6 1940, to Oct 9 1940, and that I last saw him alive on Oct 9 1940.

Immediate cause of death: Colitis — DURATION: 5 days

Due to

Due to

Other conditions: Cardiac hypertrophy 10 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas E. Snyder M. D. or other

Address Stevensville Date signed 10/10/40

RECEIVED
NOV 6 1940
U. S. DEPT. OF AGRICULTURE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B52)

CERTIFICATE OF DEATH

10851

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Queen Anne
City or town: Queenstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Queen Anne
City or town: Queenstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles Henry Morris

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife: Sadie E. Pinder
6 (c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): June 12 - 1878

8. AGE: Years	Months	Days	If less than one day
62	4	3	hrs. min.

9. Birthplace: Delaware (Town, county, and state)
10. Usual occupation: Waterman
11. Industry or business

FATHER
12. Name: H. Morris
13. Birthplace: Ireland

MOTHER
14. Maiden name: Katherine Heckman
15. Birthplace: Delaware

16. Informant: Katherine Morris
Address: Queenstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 17 40 (month) (day) (year)
Cemetery or crematory: Chesterfield Cemetery
Location: Centreville Md

18. Funeral director: John D. Williams
Address: Easton, Md.

19. Oct. 17 1940 - Helen M. Aldridge
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 15th 1940, at 1.45 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 1. 1940 to Oct 15 1940
and that I last saw h[illegible] alive on Oct 15 1940

Immediate cause of death: Cerebral Hemmorhage — DURATION: 1 day
Due to: Arterio Sclerosis — 2 yrs
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Samuel S. Pine M. D. or other
Address: Queenstown Date signed 10-16-40

RECEIVED
NOV 6 1940
M. H. A. U. V. E.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10852

1. PLACE OF DEATH (95-E)

County J. A. Registration Dist. No. 252

Village or City Ruthsburg No. J. A. Co. Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Ross If U.S. Veteran specify WAR

(a) Residence: No. J. A. Co. Home St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, and year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
84				

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Wm B. Bunnley (Address) Centreville, Md, R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place J. A. Co. Home Date 10-11, 1940

19. UNDERTAKER Wm B. Bunnley (Address) Centreville

20. FILED Oct. 11, 1940 Maurice S. Bright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 10 (Month) 10 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1936, to 10-10, 1940

I last saw him alive on 10-9, 1940, death is said to have occurred on the date stated above, at 9 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Dilatation of the heart	

Other Contributory Causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: —

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. F. McPherson M. D.

(Address) Centreville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

10853

Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Centreville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): 2 months
Stay in this community (yrs., or mos., or days): all of life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Queen Anne's
City or town: Centreville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION) ✓
2(e) IF VETERAN, NAME WAR

3. (a) FULL NAME: Elizabeth Rozier

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife: John Chas. Rozier
6(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): Dec 26 - 1881

8. AGE:

Years	Months	Days	If less than one day
58	9	6	____ hrs. ____ min.

9. Birthplace: Centreville, Md (Town, county, and state)
10. Usual occupation: Home wife
11. Industry or business:
FATHER 12. Name: Harris Barnes
13. Birthplace: Centreville Md
MOTHER 14. Maiden name: Ellen Green
15. Birthplace: Centreville, Md
16. Informant: John C. Rozier
Address: Centreville, Md
17. Burial, cremation, or removal, which?: Burial Date thereof: Oct 5-40 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville
18. Funeral director: Barton Bros
Address: Centreville, Md
19. (Date rec'd by registrar): Oct. 3 - 1940 Registrar: Marvine S. Bright

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 2 1940, at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~Sept~~ Apr. 4 - 1939, to Oct 2 - 1940, and that I last saw h[illegible] alive on Oct. 2 - 1940.

Immediate cause of death: Internal hemorrhage — DURATION: 1 hour

Due to: Carcinoma of Stomach & Liver 2 mos

Due to: metastasis from Carcinoma of breast — 2 yrs

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: W. Henry Fisher
M. D. ~~or other~~
Address: Centreville Md Date signed: Oct 3 - 1940

NOV 5 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (44-E)

CERTIFICATE OF DEATH

16854

Reg. Dist. No. 253

1. PLACE OF DEATH:
County: Queen Anne
City or town: Chester Kent Island
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): 17 weeks
Stay in this community (yrs., or mos., or days): 44 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Queen Anne
City or town: Chester Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Thomas Samuel Seward

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Blanche Stevens Seward
6(c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): Dec 10 - 1898

8. AGE:

Years	Months	Days	If less than one day
42	10	14	____ hrs. ____ min.

9. Birthplace: Chester - Md (Town, county, and state)
10. Usual occupation: Oysterman + Fisherman
11. Industry or business: Catching oysters + Fish
FATHER 12. Name: Thomas Samuel Seward
FATHER 13. Birthplace: Kent Island - Md
MOTHER 14. Maiden name: Nellie B. Harris
MOTHER 15. Birthplace: Kent Island - Md
18. Informant: Mrs. Blanch S. Seward
Address: Chester - Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 29-40 (month) (day) (year)
Cemetery or crematory: Stevensville
Location: Stevensville, Md
18. Funeral director: Burton Bros.
Address: Centreville, Md.
19. Oct 25 1940 (Date rec'd by registrar) F. C. Thomas Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 24 1940, at 945 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12 1938, to Dec 24 1940, and that I last saw him alive on Dec 24 1940.

Immediate cause of death: Hodgkins Disease — DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Chas E Snyder M. D. or other
Address: Stevensville Date signed: 10/24/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 17 1960
U.S. PATENT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

10855

Reg. Diat. No. 253

1. PLACE OF DEATH:

County: Queen Anne's

City or town: Queen Lane P.O.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 76 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Q.A.

City or town: Queen Lane P.O.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Mary Carlisle Drayton

3.(b) Social Security Number

4. Sex: F.

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband ~~or wife~~: Wm. G. Drayton

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 16 1865

8. AGE: Years: 75 Months: 8 Days: 8 If less than one day: ..... hrs. ..... min.

9. Birthplace: Greenwood Delaware

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Wm. E. Carlisle

13. Birthplace: Delaware

MOTHER 14. Maiden name: Hester Hurst

15. Birthplace: Delaware.

16. Informant: Mrs. Lottie Dawson

Address: Bridgeville. Del.

17. Burial, cremation, or removal. Which?: Interment Date thereof: Oct 27, 1940 (month)/(day)/(year)

Cemetery or crematory:

Location: Near Greenwood Del.

18. Funeral director: Virgil Moore & Son

Address: Denton, Md.

19. Oct 25 1940 (Date rec'd by registrar) F.C. Thomas Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 24 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10 1940, to Oct 24 1940

and that I last saw h[illegible] alive on Oct 24 1940

Immediate cause of death: Mitral regurgitation

DURATION

Due to:

Due to:

Other conditions: Carcinoma of Stomach

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Dr. Chas E Turpin M. D. or other

Address: Stevensville Date signed: 10/24/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 7 1940
BUREAU V. S.

10856

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164a)

CERTIFICATE OF DEATH

Reg. Dist. No. 250

1. PLACE OF DEATH:

County Queen Anne

City or town Maryd el (Near)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Five years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Q. A.

City or town Maryd el Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Maryd ell Md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mari Tehal

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife John Tehal.

6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Unknown 1885

8. AGE: Years 55 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Borzsavar. Hungary
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Stephen Kopacsi
13. Birthplace Hungary

MOTHER
14. Maiden name Theresa Benes.
15. Birthplace Hungary

16. Informant John Tehal

Address Maryd el

17. Burial Date thereof Oct. 9. 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Templeville Md

Location Near Templeville Md.

18. Funeral director Raymond B. Rawlings

Address Greensboro Md

19. Oct. 8 1940 Elizabeth Nickerson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1940, at 12 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Asphyxia

Due to

Due to Hanging from rafter in Cornhouse

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 10-7-40

Where did injury occur? Maryd el Ta Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) home

Means of Injury Injured at work?

23. SIGNATURE Samuel Price
M. D. or other

Address Queenstown Date signed 10-7-40

Deputy Medical Examiner

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10857

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
County: Queen Anne
City or town: Centreville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 33 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Centreville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3. (a) FULL NAME: Katie Virginia Thomas

3. (b) Social Security Number: ✓

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Samuel J. Thomas
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Aug 10 - 1860

8. AGE: Years 80 | Months 2 | Days 11 | If less than one day ..... hrs. ..... min.

9. Birthplace: Perry's Corner (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: ✓

FATHER
12. Name: Jacob Mason
13. Birthplace: Do not know.

MOTHER
14. Maiden name: " " "
15. Birthplace: " " "

16. Informant: Kennard Thomas
Address: Centreville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 3-1940 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville, Md
18. Funeral director: Barton Bros.
Address: Centreville, Md
19. Nov. 2 - 1940 (Date rec'd by registrar) Maurice S. Bright Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 31. 1940, at 7:30 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 23. 1940, to Oct 31. 1940 and that I last saw her alive on Oct 31 - 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION
Due to
Due to
Other conditions: Fell 8 days ago + fractured clavicle + rib.
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: W. Henry Fisher M. D. or other
Address: Centreville Md Date signed: 11/2 40

VS A15 — MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-P)

CERTIFICATE OF DEATH

10858

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Anne Co
City or town: Stevensville Rural near
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne Co
City or town: Stevensville Rural near
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Henry I. Willis

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 23, 1863

8. AGE:

Years	Months	Days	If less than one day
77	6	25	hrs. min.

9. Birthplace: Delaware
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business
FATHER 12. Name: William M. Willis
13. Birthplace: Delaware
MOTHER 14. Maiden name: Ruth E Adams
15. Birthplace: Delaware
18. Informant: Mrs Salome B. Willis
Address: Stevensville, Maryland
17. (Burial, cremation, or removal, Which?) Burial Date thereof (month) Oct (day) 20th (year) 40
Cemetery or crematory: Hollywood Centreville
Location: Centreville, Md
18. Funeral director: Barton Bros
Address: Centreville, Md
19. (Date rec'd by registrar) Oct 18 1940 F. C. Thomas Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 18 1940, at 2a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 10 1940 to Oct. 16 1940, and that I last saw him alive on Oct. 17 1940

Immediate cause of death	DURATION
Arteriosclerosis	about one year ago
chronic endocarditis	
Due to	
Interstitial nephritis	
Due to	
decompensation	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Theodore Sattelmeier M. D. or other
Address: Stevensville Date signed 10/18/40

RECEIVED
NOV 7 1940
U.S.A.U. V. S.

10859

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County Queen Anne

City or town Rural Church Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Rural Church Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Queen Anne Co Md

(If rural give LOCATION)

2(o) IF VETERAN, NAME WAR none

3. (a) FULL NAME Eleanor Edward Wilson

3. (b) Social Security Number

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lorne Wilson

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dont Know

8. AGE: Years 50 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Queen Anne Co (Town, county, and state)

10. Usual occupation Former

11. Industry or business Agriculture

FATHER 12. Name Robt Wilson

13. Birthplace Queen Anne Co

MOTHER 14. Maiden name Harriet Willis

15. Birthplace Queen Anne Co

18. Informant Lorne Wilson

Address Chesterton Rd Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 15 1940 (month) (day) (year)

Cemetery or crematory Rich neck Cem.

Location near Church Hill

18. Funeral director Wm. H. Good

Address Church Hill

19. Oct. 14 1940 (Date rec'd by registrar) W. H. Good Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1940, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5 1940, to Oct 13 1940 and that I last saw him alive on Oct 13 1940

Immediate cause of death Cerebral Hemorrhage 2 hrs.

Due to Excessive High blood pressure

Due to

Other conditions Dilatation Heart

(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work?

23. SIGNATURE Norman S. Dudley M. D. or other

Address Church Hill Date signed Oct 14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1940
BUREAU V. S.